

# ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

## USER AFFIRMATION STATEMENT

I understand that all personnel who have access to the AHCCCS computer network and data are bound by applicable laws, rules and AHCCCS directives, including but not limited to, AHCCCS Administrative Policies and Procedures, AHCCCS Privacy and Security Policies (HIPAA), ARS 13-2316, ARS 41-770, and ARS 38-448.

### Use of AHCCCS Data:

- I will share (i.e., verbal, hardcopy, electronic) AHCCCS data only with people who are authorized to receive the data.
- I will only access/add/change/copy/delete AHCCCS data related to my assigned job duties.
- I will never use AHCCCS data for non-work related purposes.

### Logon IDs and Passwords:

- I will never use another employee's Logon ID and password.
- I will never ask another employee to reveal his/her personal Logon ID and password.
- I will never reveal my Logon ID and password to anyone except ISD Data Security, ISD Customer Support, or the DMS Technical Service Center if it is necessary to resolve a problem.
- I understand that no one else may use my Logon ID and password and that I am responsible for all actions taken with my Logon ID.

### Use of State Equipment:

- I understand that I must abide by AHCCCS Policy 825 – Use of State Services, Computers and Other Equipment.
- I can use state equipment for personal use only before or after my work hours or during lunch and in accordance with AHCCCS Policy 825.
- I will not use state equipment for personal use during my breaks or regular work hours.
- I will not use the AHCCCS e-mail system for personal use.
- I will not use state equipment to access (view), download, print or store information that depicts nudity, sexual activity, sexual excitement or ultimate sexual acts as defined in ARS 13-3501.
- I will not use state equipment to operate a private business, participate in gambling, betting or gaming activity or for personal gain.
- I will not download or save personal files to my computer or the network. I understand that I can save my personal resume on my computer.
- I will use state equipment in a legal and ethical manner.
- I understand that the use of equipment provided by the agency is subject to monitoring, including phone, e-mail, internet and computer use, as well as facilities.
- I understand that any equipment issued to me will be returned to the agency in the same condition.

### Use of Software:

- I will not download or install computer software. Only ISD Network Services has the authority to install and license software.
- Unless authorized, I do not have the right to copy, change or distribute computer software or its related documentation.

### Misuse of Equipment, Software or Data:

- I understand that if I become aware of any misuse of state equipment, software or data within the agency I must promptly notify my manager/supervisor or Assistant Director.
- I understand that the agency will take appropriate action to ensure that applicable federal and state laws, regulations, and directives governing confidentiality and security are enforced.
- I understand that the misuse of AHCCCS property including computer programs, e-mail, equipment and/or data may result in disciplinary action up to and including dismissal, and/or prosecution.

**My signature below confirms that I have read and understood this form. I accept responsibility for adhering to all applicable laws, rules, and AHCCCS directives. Failure to sign this statement will mean that I will be denied access to AHCCCS data, computer equipment, and software, which may affect my continued employment or contract with AHCCCS.**

Print Legal Name of Employee (Last, First, M.I.)	Signature	Mail Drop	Date
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